

HP2020 Advisory Committee Recommendations

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Chair Emeritus
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Office of Disease Prevention
and Health Promotion

Wireless Network: DCCTR Password: meeting2015DC

- Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020:
 - ▶ Role
 - ▶ Membership
 - ▶ Timeline
 - ▶ Phased Work
 - ▶ Subcommittees
 - ▶ Reports and Recommendations
- Lessons Learned and Recommendations

Membership

- Jonathan Fielding, MD, MPH, MA, MBA, Chair
- Shiriki Kumanyika, PhD, MPH, Vice Chair
- William Douglas Evans, PhD
- Vincent Felitti, MD
- Everold Hosein, PhD (1 term only)
- Lisa Iezzoni, MD, MSc
- Abby King, PhD
- Ronald Manderscheid, PhD
- David Owen Meltzer, MD, PhD
- Eva Moya, LMSW
- Patrick Remington, MD, MPH
- David Siegel, MD, MPH
- Adewale Troutman, MD, MPH

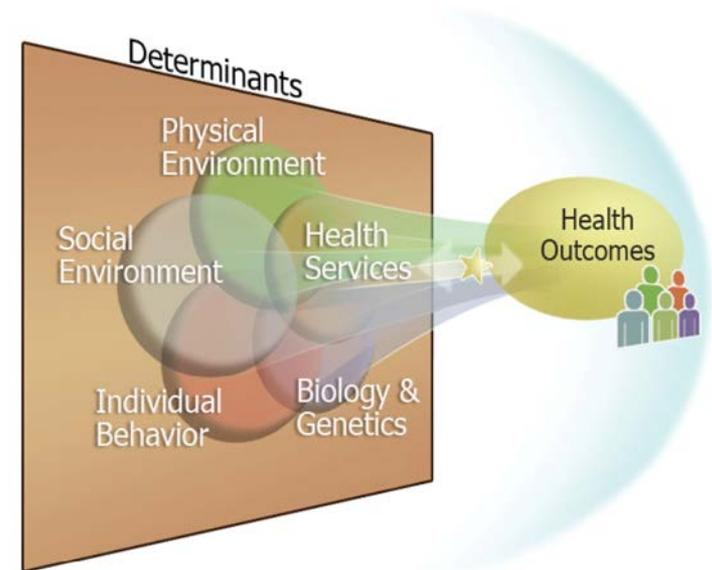


- Committee Timeline
 - Committee undertook its work from January 2008 – September 2011
 - In January 2008, 13 members appointed for initial 2-year term
 - 12 members re-appointed for a second 2-year term

- Phase 1 –Framework and Format
- (January 2008 – October 2008)
 - Held 6 meetings (2 in-person meetings)
- Phase 2 – Late 2008 – 2011
 - Held 14 meetings (2 in-person meetings)
- Formed subcommittees
- Convened ad hoc advisory groups
- Public input via public comment website, 6 regional meetings, public comment session during one Advisory Committee meeting

- **Priorities**
 - How to set criteria for selecting interventions
- **Developmental and Life Stages**
 - How to incorporate in concept and specific topics
- **System Specifications and User Interface**
 - Digital for first time
 - User interface for ease of use and updates

- **Environmental Determinants**
 - Prominence in visual
 - Increased breadth of contributors- social economic, physical and cultural
- **Health Equity and Disparities**
 - Focus on health equity/disparities
- **User Questions and Needs**
 - Likely questions from different audiences/stakeholders and appropriate responses



- **Topic Area** - creating homogenous categories (i.e., disease groups)
- **Evidence and Target Setting** - transparent process for communities to set objectives
- **Data and IT**- available data and additional needs
- **Implementation** - who are users; how to move from framework to implementation; tools needed
- **Recommendations** - list of recommendations to HHS Secretary
- **Strategic Communications** - public education on disparities
- **Ad Hoc Group on Social Determinants** - examples/actions
- **Action Steps and Evidence** - how to find and select “evidence based” actions to achieve objectives
- **Leading Health Indicators (LHIs)** - development and selection



- **Phase 1 Report:**
 - “Recommendations for the Framework and Format of Healthy People 2020”
- **Phase 2 Reports and Recommendations:**
 - Report on “Evidence-Based Clinical and Public Health: Generating and Applying the Evidence”
 - Memo on “Recommendations on Action Steps and Evidence for Healthy People 2020”
 - Memo on “Recommendations for Implementing Healthy People 2020”
 - Report on “Healthy People 2020: An Opportunity to Address Societal Determinants of Health in the U.S.”

- **Phase 1**
 - Framework
 - Format
 - Guidelines for Implementation

VISION

A society in which all people live long,
healthy lives



MISSION

To improve health through strengthening policy and practice, Healthy People will:

- Identify nationwide health improvement priorities
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress
- Provide measurable objectives and goals that are applicable at the national, state, and local levels
- Engage multiple sectors to take actions to strengthen policies and improve practices driven by the best available evidence and knowledge
- Identify critical research, evaluation, and data collection needs

OVERARCHING GOALS

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all
- Promote quality of life, healthy development, and healthy behaviors across all life stages

- **Format**

- No longer print-based
- Web-accessible data base that is searchable, multi-level and interactive
- Intuitive, user-friendly, engaging to users
- Increase capacity to share information, intervention strategies
- Actionable

HP2020 Implementation Recommendations

- Expand the audience/users beyond public health and academia
- Tailor data sets to meet user needs
- Enable users to sort and prioritize objectives
- Organize objectives by interventions, determinants and outcomes
- Promote transparency and user understanding of the development of objective and targets
- Mobilize health information technology and health communication

- **Phase 2**
 - Evidence search, selection and analysis
 - Action steps
 - Implementation
 - Social Determinants of Health

Recommendations for Evidenced-Based Clinical and Public Health

- For HP2020, tie goals and objectives to focused, evidence-based interventions
- Criteria for categorizing effectiveness of interventions:
 - Proven – evidence of effectiveness from an authoritative group, benefits clearly exceed harms, implemented in multiple settings, cost effectiveness reasonable, some level of external validity
 - Likely effective – sufficient evidence of effectiveness (peer-reviewed research studies), benefits exceed harms, implemented in multiple settings, cost effectiveness reasonable or likely

Recommendations for Evidenced Based Clinical and Public Health

- Promising – limited evidence of effectiveness, benefits may exceed harms, implemented in some settings, cost effectiveness uncertain, needs further evaluation
- Emerging – no evidence of effectiveness, benefits may not exceed harms, cost effectiveness uncertain, needs systematic evaluation and practical experience

- Show users how to choose from among the list of objectives and interventions based on available evidence to maximize adoption and use of Healthy People
- Facilitate stakeholders' ability to choosing objectives and interventions:
 - Provide established clinical and public health hierarchies of evidence to users; explain differences between hierarchies
 - Provide a framework linking interventions to disease categories
 - Based on Framework, categorize discrete interventions by type and provides comprehensive approach to interventions across all ecological levels (e.g., individual, community, etc.)
 - Provide examples of evidence for action steps at various intervention levels (e.g., individual, community, etc.) and for different disease and injury categories

Maximizing adoption and use of Healthy People

- Continue the Healthy People toolbox
- Clearly describe the knowledge source and processes at Federal level for selecting action steps for inclusion in HP2020
- Recommend a hierarchy of action steps based on a community's resource capabilities
- HP database should provide information that can be tailored by local health departments and other key stakeholders
- Include links to local websites and a checklist of interventions by level of evidence

Additional Recommendations for HP2020 Implementation

- Make website a priority
- Link Healthy People to existing initiatives
- Provide technical assistance
- Conduct needs assessment of users
- Create an action toolkit
- Identify and share models of excellence and evidence-based practices

Social Determinants of Health Recommendations

- HP2020 framework - individual-level and population-level solutions are complementary
- Use a “Health in All Policies” (HiAP) approach to address social determinants with partners
- Form inter-sectoral partnerships at federal, state and local levels
- Federal Interagency Workgroup should help operationalize cross-cutting elements of HP2020
- Use Health Impact Assessment (HIA) to determine impact of policies on health

Personal Opinion re: Lessons and Suggestions from HP 2020 Experience

- Need substantial time to develop – earlier start this cycle
- However, longer window makes objective setting more difficult
- Too many objectives – but difficult to keep to a specific number
- Many groups did not use best evidence in developing targets
 - E.g. Community Guide, Cochrane, well performed systemic meta-analysis
 - Many quantifiable objectives were set by extrapolation from baseline or recent trends e.g. X % better than at baseline
- Did not limit objectives to those trackable with existing data elements/systems
- Need to resolve tension between realistic and aspirational goals and objectives
- International comparisons not employed but important guideposts
- Need significant inclusions of experts outside of government

Personal Opinion re: Lessons and Suggestions from HP 2020 Experience

- To do it right takes substantial effort– how to fit on top of existing responsibilities
- Need more attention to communications – needs to be continual, pro-active, coordinated with other Federal agency products and reach all potential audiences
- Need outside expert group to opine on implementation and progress towards objectives
- Need varied stories of success
- Major focus on underlying determinants, that requires major participation from other sectors-and examples of how that gets to better results
- Need modelling/forecasting
- Need more local data (e.g., County Health Rankings etc.)
- Mental Health and Substance Abuse – need increase emphasis especially re: implementation
- Continue subcommittees as effective approach to consider some key issues -- important to include members from outside Expert Advisory Committee

- Is it desirable and feasible for the Expert Advisory Committee to review and comment on major products of the Federal Interagency Workgroups?
- Should we suggest the inclusion of manpower objectives?
- Should we include discussion of effects of projected aggregate health care spending projections on HP 2030 goals and objectives?
- Should we benchmark from other nations for major objectives (e.g., Organisation for Economic Co-operation and Development)?

QUESTIONS?

